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PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT / IB 00 / 00 869

International Application No.

15 JUNE 2000

International Filing Date

15.06.00

INTERNATIONAL BUREAU OF WIPO

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

P006488W@CTH

Box No. I	TITLE OF INVENTION	
	PROCESS	
Box No. II	APPLICANT	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)		
Danisco A/S Langebrogade 1 PO Box 17 DK-1001 Copenhagen K Denmark		
<input type="checkbox"/> This person is also inventor.		
Telephone No.		
Facsimile No.		
Teleprinter No.		
State (i.e. country) of nationality: Denmark		State (i.e. country) of residence: Denmark
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Box No. III	FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)		
CHRISTENSEN, Tove Martel Ida Else Sengen 30 DK-3450 Allerød Denmark		
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (if this check-box is marked, do not fill in below)		
State (i.e. country) of nationality: Denmark		State (i.e. country) of residence: Denmark
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet		
Box No. IV	AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:		
<input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)		
HARDING, Charles Thomas et al D Young & Co 21 New Fetter Lane London EC4A 1DA United Kingdom		
Telephone No. 023 8063 4816		
Facsimile No. 023 8022 4262		
Teleprinter No. 477667 YOUNGS G		
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.		

 PTO/PCT Rec'd 14 DEC 2001
 DELETED BY RO
 1120

Continuation of Box No. III FURTHER APPLICANT (S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

KREIBERG, Jette Dina
Dueholm 18
4000 Roskilde
Denmark

This person is:

- ☐ applicant only
- ☒ applicant and inventor
- ☐ inventor only (if this check-box is marked, do not fill in below)

State (that is, country) of nationality:

Denmark

State (that is, country) of residence:

Denmark

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
- ☐ applicant and inventor
- ☐ inventor only (if this check-box is marked, do not fill in below)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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- ☐ applicant only
- ☐ applicant and inventor
- ☐ inventor only (if this check-box is marked, do not fill in below)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

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This person is:

- ☐ applicant only
- ☐ applicant and inventor
- ☐ inventor only (if this check-box is marked, do not fill in below)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, please specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|---|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> MA Morocco |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BG Bulgaria | |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CH AND LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> IN India | |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> KR Republic of Korea | |
| <input checked="" type="checkbox"/> KZ Kazakhstan | |
| <input checked="" type="checkbox"/> LC Saint Lucia | |
| <input checked="" type="checkbox"/> LK Sri Lanka | |
| <input checked="" type="checkbox"/> LR Liberia | |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after the issuance of this sheet:

- ☒ **DZ** Algeria
- ☒ **AG** Antigua and Barbuda
- ☒ **MZ** Mozambique
- ☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box *If the Supplemental Box is not used, this sheet need not be included in the request.***Use this box in the following cases:****1. If, in any of the Boxes, the space is insufficient to furnish all the information:***in particular:*

- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available:
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked:
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America:
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents:
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "Continuation" or "Continuation-in-part":
- (vi) if there are more than three earlier applications whose priority is claimed:

in such case, write "Continuation of Box No. ..." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient;

in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below;

in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

in such case, write "Continuation of Box No. IV and indicate for each further agent the same type of information as required in Box No. IV;

in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;

in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.

2. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty:

in such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.

Continuation of Box No. IV
 COTTER, Ivan John
 PILCH, Adam John Michael
 CRISP, David Norman
 ROBINSON, Nigel Alexander Julian
 HARRIS, Ian Richard
 HARDING, Charles Thomas
 TURNER, James Arthur
 MALLALIEU, Catherine Louise
 PRATT, Richard Wilson
 PRICE, Paul Anthony King
 HOLMES, Miles
 HORNER, David Richard
 MASCHIO, Antonio
 NACHSHEN, Neil
 POTTER, Julian
 HAINES, Miles John
 MATHER, Belinda Jane
 BODEN, Keith McMurray
 DEVILE, Jonathan Mark

Box No. VI PRIORITY CLAIM☐

Further priority claims are indicated in the Supplemental Box

Filing Date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: * regional Office	international application: receiving Office
item (1) 17 Jun 1999 17/6/1999	9914209.3	GB		
item (2)				
item (3)				

☐ The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s) :

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number:

Country (or regional Office):

Box No. VII CHECK LIST; LANGUAGE OF FILING

This international application contains the following number of sheets:

request : 5
description (excluding
sequence listing part) : 68
claims : 4
abstract : 1
drawings : 1
sequence listing part of
description : 1
Total number of
sheets : 80

This international application is accompanied by the item(s) marked below:

- ☐ fee calculation sheet
- ☐ separate signed power of attorney
- ☐ copy of general power of attorney; reference number, if any:
- ☐ statement explaining lack of signature
- ☐ priority documents(s) identified in Box No. VI as item(s):
- ☐ translation of international application into (language):
- ☐ separate indications concerning deposited microorganism or other biological material
- ☐ nucleotide and/or amino acid sequence listing in computer readable form
- ☒ other (specify): Letter

Figure of the drawings which
should accompany the abstract:

Language of filing of the
international application:

English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)

HARDING, Charles Thomas

For receiving Office use only

1. Date of actual receipt of the purported
international application:

2. Drawings:

☐ received:☐ not received:

3. Corrected date of actual receipt due to later but
timely received papers or drawings completing
the purported international application:

4. Date of timely receipt of the required
corrections under PCT Article 11(2):

5. International Searching Authority
specified (if two or more are competent):

ISA /

6. ☐ Transmittal of search copy delayed
until search fee paid

For International Bureau use only

Date of receipt of the record copy by
the International Bureau:

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

P006488WO CTH

Box No. I	TITLE OF INVENTION		PROCESS
Box No. II APPLICANT			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)		<input type="checkbox"/> This person is also inventor.	
Danisco A/S Langebrogade 1 PO Box 17 DK-1001 Copenhagen K Denmark		Telephone No. Facsimile No. Teleprinter No.	
State (i.e. country) of nationality: Denmark		State (i.e. country) of residence: Denmark	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)		This person is:	
CHRISTENSEN, Tove Martel Ida Else Sængen 30 DK-3450 Allerød Denmark		<input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (if this check-box is marked, do not fill in below)	
State (i.e. country) of nationality: Denmark		State (i.e. country) of residence: Denmark	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet			
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:			
		<input type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)		Telephone No.	
HARDING, Charles Thomas et al D Young & Co 21 New Fetter Lane London EC4A 1DA United Kingdom		023 8063 4816	
		Facsimile No.	
		023 8022 4262	
		Teleprinter No.	
		477667 YOUNGS G	
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.			